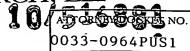
BIRCH, STEWART, KOLASCI

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050



PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Page 1 of 2

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I

<b>.</b>	(Application Number)	(Filing Date)	(Status - pater	nted, pending, abandoned)	
Application(s):	(Application Number)	(Filing Date)	(Status - pater	nted, pending, abandoned)	
Insert Prior U.S.	I hereby claim the benefit under Title 35, Un insofar as the subject matter of each of the clain the manner provided by the first paragraph which is material to patentability as defined filing date of the prior application and the national statement of the prior application and	aims of this application in of Title 35, United State in Title 37, Code of Fe	s not disclosed in the prior United tes Code, §112, I acknowledge the deral Regulations, §1.56 which	States and/or PCT application e duty to disclose information became available between the	
Insert Requested Information:  (if appropriate)	Country	Api	Dication Number D	ate of Filing (Month / Day / Year)	
Inner D	All Foreign Applications, if any, for any Patthe Filing Date of this Application:				
•	(Application Number)			(Filing Date)	
(if any)	(Application Number)			(Filing Date)	
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No	
(if appropriate)	(Number)	(Country)	· (Month / Day / Year Filed)	Yes No	
Insert Priority Information:	• • • •	pan 🖊	June/7/2002~	Priority Claimed	
	I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:  Prior Foreign Application(s)				
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.				
	I hereby state that I have reviewed and un by any amendment referred to above. I acknowledge the duty to disclose inform		•	-	
For Use Without Specification Attached:	amended on				
	the specification was filed on  International Application Number	PCT/JP03/0	03 <b>/</b> 5969 <b>/</b>	as PCT	
	and amended on		( if		
Fill in Appropriate Information -	the specification was filed on United States Application Number				
	the specification of which is attached hereto. If not attached hereto,				
	medium having viewer r	TOGIAM RECO	ded thereon >		
insert Title:	<u>Display Device, Displ</u> Medium Having Viewer P	ay Method, V	/iewer Program, a	and Recording	
	verily believe that I am the original, first and s (if plural inventors are named below) of the su	ole inventor ( if only one bject matter which is cla	imed and for which a patent is so	ught on the invention entitled:	

## Rec's PCT/PTO 03 DEC 2004 10/516881

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:
BIRCH, STEWART, KOLASCH & BIRCH, LLP
P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

▼			·			
Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE <sup>*</sup> November 11,			
Insert Date This Document is Signed	<u>Kazuyuki NAKO</u>	Kaznyuki Vok	<i>2</i> 2004			
Insert Residence	Residence (City, State & Country)		CITIZENSHIP			
Insert Citizenship	<u>Soraku-gun,</u> Kyoto, Japan		Japanese 🖊			
Insert Mailing	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Address	7-13-13, Hikaridai, Seika	-cho, Soraku-gun,				
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
see above	Residence (City, State & Country)		CITIZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
	·					
Full Name of Third	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any	<u>.</u>					
see above	Residence (City, State & Country)		CITIZENSHIP			
,	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fourth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE.			
inventor, if any						
see above	Residence (City, State & Country)  CITIZENSHIP					
•	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE.			
see above	Residence (City, State & Country)  CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Page 2 of 2	<u> </u>					
(Revised 01/02)						

<sup>·</sup> DATE OF SIGNATURE